

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
Title::	MICRO-SUPPORT CUSHIONING SYSTEM
Attorney Docket Number::	26669/4:2
Total Drawing Sheets::	4
Suggested Drawing Figure::	1A
Small Entity::	Yes

### **APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ernest
Middle Name::	D.
Family Name::	Miller
City of Residence::	Portland
State or Province of Residence::	OR
Street of Mailing Address::	P.O. Box 55428
City of Mailing Address::	Portland
State or Province of Mailing Address::	OR
Postal or Zip Code of Mailing Address::	97238

### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number::	3528
Phone Number::	503-224-3380, 503-294-9189
Fax Number::	503-220-2480
E-Mail Address::	patlaw@stoel.com, mdstolowitz@stoel.com

### **REPRESENTATIVE INFORMATION**

Representative Customer Number::	3528
----------------------------------	------

**DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	Non-Provisional of	60/400,336	7/31/02